

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8497-61-034873

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8497

FILED SEP 18 1961

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Alexian Bros. Hosp.

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
3933 S. Broadway

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Brother Louis Roy

4. DATE  
OF  
DEATH

Month

Day

Year

9-10-61

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

4-28-91

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired)

Nursing Brother

## 10b. KIND OF BUSINESS OR INDUSTRY

Religious Order

## 11. BIRTHPLACE (City and state or country)

Worcester Mass.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Albert Roy

## 13b. MOTHER'S MAIDEN NAME

Aurelia Broullet

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No.

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Alexian Brothers 3933 S. Bdwy.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Cordeis Failure

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Diabetes Mellitus

15 YRS

## DUE TO (c)

Diabetic gangrene foot

1 wk

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arterio sclerotic Cordis vascular disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

260x

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

DEC 3, 1958

to SEPT. 11, 1961

and last saw her alive on SEPT. 11, 1961

## Death occurred at

4 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1901 Madison St

## 22c. DATE SIGNED

9/11/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9013-61

## 23c. NAME OF CEMETERY OR CREMATORY

SS. Peter and Paul

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Thomas J. Finan 1519 S. Grand

## 25. DATE RECD. BY LOCAL REG.

SEP 12 1961

## 26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley H. Dixon*  
\_\_\_\_\_  
Licensed Embalmer No. 4193

P. O. Address H. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.